

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: _____ **Filings Made During the Year 2004**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	3	1	1	3/1	NAIC	H(a), I, J, K
	1.1	Printed Investment Schedule detail (Pages E01-E26)	3	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	3	1	1	5/15, 8/15, 11/15	NAIC	H(a), I, J, K
	3	Separate Accounts Annual Statement (8 1/2"x14")	3	1	1	3/1	NAIC	
	4.1	State Page – Grand Total Page	3	1	1	3/1	NAIC	K
	4.2	State Page – Missouri Business	3	1	1	3/1	NAIC	K
	4.3	State Page – Business written in each of the other licensed states	3	1	xxx	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	1	1	4/1	NAIC	
	11	Credit Insurance Experience Exhibit	1	1	xxx	4/1	NAIC	
	12	Interest Sensitive Life Insurance Products Report	1	1	xxx	4/1	NAIC	
	13	Investment Risk Interrogatories	1	1	1	4/1	NAIC	K
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	1	xxx	4/1	NAIC	
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	1	xxx	4/1	NAIC	
	16	Long Term Care Experience Reporting Forms	1	1	xxx	4/1	NAIC	
	17	Management Discussion & Analysis	2	1	1	4/1	Company	K
	18	Medicare Supplement Insurance Experience Exhibit	1	1	xxx	3/1	NAIC	
	19	Risk-Based Capital Report	1	1	xxx	3/1	NAIC	K
	20	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	21	Statement of Actuarial Opinion	3	1	1	3/1	Company	K
	22	Statement on non-guaranteed elements - Exhibit 5 Int. #3	3	1	1	3/1	Company	
	23	Statement on par/non-par policies – Exhibit 5 Int. 1.1	3	1	1	3/1	Company	
	24	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	K
	25	Supplemental Schedule O	3	1	xxx	3/1	NAIC	
	26	SVO Compliance Certification	3	1	1	3/1, 5/15, 8/15, 11/15	NAIC	K
	27	Trusted Surplus Statement	1	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	28	Workers' Compensation Carve Out Supplement	3	1	1	3/1	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	34	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	40	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	2	N/A	1	6/1	Company	K
	52	Audited Financial Statements	2	1	1	6/1	Company	K
	53	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	54	Independent CPA	xxx	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	xxx	N/A	N/A		Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	1	6/1	Company	N
	57	Request for Exemption to File	2	N/A	1	5/1	Company	J
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	xxx	0	1	3/1	State	
	102	Certificate of Deposit	xxx	0	1	3/1	State	
	103	Certificate of Valuation	1	0	1	3/1	State	
	104	Filings Checklist (with Column 1 completed)	1	1	1		State	
	105	Premium tax	1	0	1	3/1	State	K
	106	State Filing Fees		0			State	
	107	Application for renewal of CofA	1	0	1	3/1	State	K
	108	Updated Biographical Affidavits	1	xxx	xxx	3/1	Company	
	109	EDP Listing	1	xxx	xxx	3/1	State	K, L, O
	110	Form B&C – Holding Company Registration Statement	1	xxx	xxx	4/15	Company	K, P
	111	Form B Inter-company Agreements Supplement	1	xxx	xxx	4/15	State	K
	112	Basket Clause Statement	1	xxx	xxx	3/1	State	K, Q
	113	Affidavit of Stock Ownership – Statement indicating % of stock ownership (pursuant to 376.300.2(3) and 376.305.2	1	xxx	xxx	3/1	Company	K, R
	114	Affidavit for Advertising Rules – Form enclosed	1	xxx	1	3/1	State	
	115	Affidavit regarding TPA pursuant to RSMo 376.1084	1	xxx	xxx	3/1	State	K

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.